



State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

April 8, 2005

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: CORRECTED NUMBERED LETTER (N.L.) 06-1004; CHANGES IN
CALIFORNIA CHILDREN'S SERVICES (CCS) DENTAL AND
ORTHODONTIC SERVICE AUTHORIZATIONS AND CLAIMS
PROCESSING

This is to provide you with a corrected copy of N.L. 06-1004 regarding CCS program policies for authorizing and claiming dental and orthodontic services in the enhanced Children's Medical Services Network (CMS Net) system.

We are replacing the October 22, 2004 N.L. because of specific areas of concern that local CCS programs have raised during the CMS Net conference calls. This replacement letter does not include the original enclosures as they are still valid and are to be used in conjunction with the corrected letter. The substantial changes to the N.L. are as follows:

- The Branch has rescinded the two year authorization for Orthodontic treatment.
- Section III. A. 3., pages 6 and 7, "Orthodontic Services" has been further clarified including d., i.), which now clearly indicates that Denti-Cal must provide authorization through the Treatment Authorization Request (TAR) process for the submission and payment of study models, and i., which provides detailed information on the finding of an "automatic qualifying condition".
- Section III. A. 4. a., page 11, "Services Beyond The Scope of Denti-Cal Benefits For Clients Who Are Not Eligible For Medi-Cal" (previously titled "CCS Supplemental Services for Services Beyond The Scope of Denti-Cal Benefits [for clients who are not eligible for Medi-Cal]) has been changed to delete references to CCS Supplemental Service (SS).

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- Section III. A. 4.b., page 11, "Dental Implants/Most Fixed Bridges/Other Dental Services:" has been changed to delete reference to CCS Supplemental Service (SS).

In addition, some minor clarifications have also been made. If you have any questions regarding the corrections made to N.L. 06-1004 please contact your CMS Branch Regional Office administrative consultant.

Original signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch



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Corrected N.L.: 06-1004

Index: Program Administration

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: CHANGES IN CALIFORNIA CHILDREN'S SERVICES (CCS)
DENTAL AND ORTHODONTIC SERVICE AUTHORIZATIONS AND
CLAIMS PROCESSING

This Numbered Letter supercedes N.L. 07-0395 (dated March 27, 1995) for all counties and State Regional Offices that utilize the CMS Net system. It provides CCS policies for authorizing and claiming dental and orthodontic services through the enhanced CMS Net system.

Background

On July 1, 2004, as part of the implementation of the Enhancement 47 CMS Net project, CCS instituted changes to the authorization and claims processing system for dental services provided to CCS clients. Delta Dental Plan of California, the Denti-Cal fiscal intermediary is responsible for authorization of all dental services for CCS Medi-Cal full scope, no share of cost clients, and for authorization of dental services for other non Medi-Cal CCS clients if Denti-Cal policy requires prior authorization. Dental providers for all CCS clients must be enrolled as a Denti-Cal provider and have a Denti-Cal provider number. Most providers of dental services for dates of service after June 30, 2004, will submit claims directly to Denti-Cal for processing.

New CCS dental Service Code Groupings (SCGs) have been developed to simplify authorization of dental services by grouping sets of dental procedures that are frequently provided in conjunction with each other for preventive or restorative dental care. SCGs simplify the approval process and allow the dentist to perform necessary related procedures without requesting a new SAR each time (The list of SCGs is included as Enclosure 1).

For example:

SCG 01 (Preventive Dental Services) allows the provider to perform an exam, oral prophylaxis (teeth cleaning), x-rays, and dental sealants. Although it is unlikely that the provider will perform all of these services at one time, it will preclude the need to submit multiple SARs to CCS.

SCG 18 (Dental Services under General Anesthesia) allows the provider to perform most common dental procedures (including preventive dental services included in SCG 01) where the medical necessity may not be evident until the client is under general anesthesia.

Dental service authorizations for CCS/Healthy Families (HF) and CCS-only clients will continue to be issued by Los Angeles, Orange and Sacramento Counties through the counties' established CCS authorization system until these counties transition to CMS Net. Claims for dental services provided pursuant to these county system service authorizations will continue to be processed by Electronic Data Systems (EDS), the Medi-Cal fiscal intermediary, utilizing the provider's CGP provider number for CCS/Medi-Cal.

For CCS/Medi-Cal full scope, no share of cost clients residing in Los Angeles and Orange Counties, dental providers must submit Treatment Authorization Requests (TARs) and claims directly to Denti-Cal.

Policy

I. General Policy

Effective immediately, the policies included in this numbered letter supercede Numbered Letter 07-0395 and apply to all CCS programs with the exception of Los Angeles, Orange, and Sacramento counties. Upon transition to CMS Net in each of these three counties, these new policies will apply. Denti-Cal policies and procedures can be obtained in the Denti-Cal Provider Manual and Denti-Cal Provider Bulletins by contacting the Medi-Cal Dental Services Branch or through the Denti-Cal website at www.denti-cal.dhs.ca.gov.

II. Provider Enrollment

A. Denti-Cal Enrolled Providers

All dental providers delivering services to CCS clients must have a Denti-Cal provider number in order to be authorized for dental procedures for dates of services after June 30, 2004, and to submit claims for payment.

B. Dental Provider Master File (PMF)

All county CCS programs and State regional offices that participate in CMS Net have access to Denti-Cal's Provider Master File (PMF). All dentists and orthodontists who are enrolled as Denti-Cal providers will be identified in the CMS Net system. Those dental providers who choose not to be on Denti-Cal's referral list will also be listed on this file.

C. Approval of Orthodontists, Oral and Maxillofacial Surgeons

The CCS program has discontinued the paneling of dentists who are Orthodontists or Maxillofacial Surgeons. Both provider types must be Denti-Cal enrolled providers (Note: Maxillofacial surgeons who are DDS/physicians will continue to be paneled by CCS and can be enrolled as Medi-Cal providers). Orthodontists must also complete a certification process with Denti-Cal. Orthodontists who were previously paneled by the CCS program and also enrolled as a Denti-Cal provider will need to either confirm their Denti-Cal orthodontic certification with Denti-Cal or apply to Denti-Cal for such certification if they do not already have it.

III. Dental Service Authorization Process

A. CCS-Only and CCS Healthy Families Clients Without Full Scope, No Share of Cost Medi-Cal

1. Outstanding Authorizations

Dental providers with authorizations from CCS issued prior to July 1, 2004, for CCS-only and CCS/HF clients should continue to use their CGP provider numbers and send claims through CCS Regional Offices or county CCS programs for processing. This will continue until the authorized course of treatment is completed. Orthodontic cases

authorized by CCS prior to July 1, 2004, in the legacy system will continue to be billed as described above until the course of treatment has been completed.

2. Dental Services

The following procedures apply to CCS-only and CCS/HF clients who need dental services to treat their CCS eligible condition or who have a CCS eligible condition that complicates their dental care (See NL16-1099).

- a. Dental services are to be requested by the dental provider on a "CCS Dental and Orthodontic Service Authorization Request (SAR)" form (DHS 4516) (Enclosure 2). The CCS county program or State Regional Offices will review the SAR and, if approved, will send a SAR service authorization approval number for the requested services to the provider.
- b. County CCS programs and State Regional Offices must insert the following "Special Instructions" message from the CMS Net drop down menu on **all** SAR service authorizations issued to dental providers:

"Delta Dental will review all requests for authorization of dental services for CCS clients that require a Treatment Authorization Request (TAR) in accordance with existing Denti-Cal policies, procedures, and requirements".

- c. The SAR service authorization for dental services constitutes confirmation of CCS program eligibility. It is not an authorization to provide dental services, but allows payment of claims by Delta Dental if all Denti-Cal policies and procedures are followed for the services covered by the SAR. **When Denti-Cal does not require prior authorization, the SAR number will allow for payment of claims** (See Enclosure 3 for Denti-Cal "Program Policy" which lists procedures requiring prior authorization from Denti-Cal).

- d. If Denti-Cal requires prior authorization for a dental procedure:
 - i). Once the CCS SAR service authorization is issued, the dentist must also send a Denti-Cal Treatment Authorization Request (TAR) directly to Denti-Cal checking the box "CCS" on the TAR form (See Denti-Cal Provider Manual for Denti-Cal TAR requirements, also found on the internet at www.denti-cal.dhs.ca.gov).
 - ii). Denti-Cal will authorize services on behalf of the CCS program according to existing Denti-Cal policies and procedures.
 - iii). When urgent dental services are needed prior to medical treatment and there is not enough time for the dental provider to submit a TAR for prior authorization to Delta Dental, CCS will issue a SAR service authorization to the dental provider. The provider can then submit a claim for the service, indicating on the claim form in the Box 34 Comments area, "CCS Patient-Retroactive Prior Authorization Requested".
- e. CCS SAR service authorizations may be issued for SCGs or for individual dental procedures using Denti-Cal's procedure codes (3 digits). Note: When authorizing a dental SCG, an "S" must be added before the SCG, i.e., "S01".
- f. When a referral or evaluation is needed by a dental specialist, the CCS program should use the individual Denti-Cal procedure code:
 - i). 040, Specialist Consultation, when referring for a second opinion or to a dental specialist who will not be treating the client.
 - ii). 010, Examination, when a dental specialist will also be the treating provider.

3. Orthodontic Services

Counties using CMS Net will no longer hold orthodontic screening clinics.

A request for screening for the presence of Medically Handicapping Malocclusion (MHM) can be submitted by anyone, but the preferred source is a dentist, a Denti-Cal certified orthodontic provider or a HF dental plan using a "Dental and Orthodontic Service Authorization Request Form" (DHS 4516).

- a. Children must be in permanent dentition or 13 years of age, but not over 19 years of age, to be referred to CCS for orthodontic services.
- b. The CCS administrator may override the 19-year upper age limit when the need for orthodontics is critical and a Denti-Cal orthodontic provider is willing to take the case. The client and provider must understand that authorization of orthodontic services by CCS ends at the client's 21st birthday, and that the client will then be responsible for payment for any continuing orthodontic services.
- c. Upon receipt of the request for orthodontic services, the county CCS program will:
 - i). Establish CCS residential and financial eligibility,
 - ii). Open the client's CCS case for treatment (not for diagnostic services), and
 - iii). Issue a SAR service authorization for Dental Service Code Grouping (SCG) SO2 (Orthodontic Services for Medically Handicapping Malocclusion) to a Denti-Cal approved Orthodontist.
- d. The orthodontist to whom the CCS SAR service authorization for screening is issued must also be the orthodontist who will provide the orthodontic services to the client and must be a Denti-Cal certified orthodontic provider.

- i). SCG S02 allows the provider to perform the initial Handicapping Labiolingual Deviation Index (HLD) determination, and, when subsequently authorized by Denti-Cal through the Denti-Cal TAR process, provides for submission and payment of study models. When a study model confirms Medically Handicapping Malocclusion Denti-Cal authorizes thirty treatment visits including retention/observation phase for a course of orthodontic treatment.
 - ii). The end date for the SAR will be 12 months from the issue date. Subsequent SARs shall be issued if the client continues to meet CCS program eligibility at the time of annual renewal until the course of treatment is completed. A subsequent Denti-Cal TAR should not be submitted unless an extension of orthodontic treatment is requested.
 - iii). CCS enrollment and assessment fees should not be collected from the client's family until the client is determined to be medically eligible for CCS.
- e. County CCS programs and State Regional Offices must insert the following two "Special Instructions" messages from the CMS Net drop down menu on **all** SAR service authorizations issued to orthodontic providers:
- "Initial authorization for exam/HLD index only (procedure 551); subsequent services pending Delta Dental approval".
 - "Denti-Cal will review all requests for authorization of dental services for CCS clients that require a Treatment Authorization Request (TAR) in accordance with existing Denti-Cal policies, procedures, and requirements".
- f. While the SAR service authorization constitutes CCS approval of orthodontic services, it is only an authorization for the initial screening exam and completion of the Handicapping Labiolingual Deviation (HLD) Index Form (Enclosure 4). Orthodontists will only perform and bill for the HLD Index (procedure 551) under the SAR.

- g. If at the time of the initial screening, the child scores less than 26 points, does not have an “automatic qualifying condition,” or orthodontic services are not otherwise approved by Denti-Cal, the orthodontist will submit a claim for payment of the “Initial Orthodontic Exam/HLD Index” to Denti-Cal using the CCS SAR service authorization number.
- h. If at the time of the initial screening, the child is found to score a minimum of 26 points, the orthodontist will submit the HLD Index Form to Denti-Cal along with a Denti-Cal Treatment Authorization Request (TAR) for study models (procedure code 558).
- i. If at the time of the initial screening, the child is found to have an “automatic qualifying condition”, the orthodontist should indicate the condition (1-5A) with an “X” on the HLD Form and stop measuring. No numerical “Total Score” should be calculated. The orthodontist should submit the HLD Form to Denti-Cal along with a Denti-Cal TAR requesting study models utilizing the appropriate procedure code: 560 for condition #1, cleft palate and 558 for conditions 2-5A (including craniofacial anomalies which are to be indicated as condition #4 even if the condition is not caused by trauma).

Written documentation from a “credentialed specialist” (such as a CCS Special Care Center Director or a center report) must be submitted with the request for study models for children with cleft palate or other craniofacial anomalies to indicate the child's condition. CCS local programs should offer to provide such documentation to the provider.

- j. If the study models have been authorized and sent to Denti-Cal, but are not confirmed to measure 26 or more points, or there is not an “automatic qualifying condition” identified when the study models are submitted, Denti-Cal will not issue a TAR for further orthodontic services. The orthodontist will submit a claim to Denti-Cal for the Initial Orthodontic Exam/HLD Index (if not already claimed) and the study models.

- k. If the study models meet the established criteria, the orthodontist will be authorized through the Denti-Cal TAR process for thirty treatment visits including 24 active treatment visits and 6 visits for the retention/observation phase of orthodontic services for the child. Providers will then submit all claims for orthodontic services provided pursuant to the TAR directly to Denti-Cal.
- l. Notice of individual authorizations and denials of orthodontic services for CCS-only and CCS/HF clients will not be directly available to CCS county programs and State Regional Offices through CMS Net. However, a report of CCS-only and CCS/HF orthodontic cases that have been approved and denied will be sent by the CMS Branch to the counties and State Regional Offices on a monthly basis. CCS must issue a Notice of Action (NOA) to the family when services are denied, applying CCS established policies and procedures.
- m. If, at the end of the initial 24 active treatment visits, the orthodontist determines that this course of treatment is not sufficient to treat the MHM, a new SAR may be necessary for an extension of active orthodontic services. When a SAR is necessary it must be submitted to the CCS county program or State Regional Office. Upon confirmation of CCS program eligibility, CCS will modify the authorization. The provider must then submit a new TAR directly to Denti-Cal requesting an extension of the active course of treatment. CCS cannot authorize extensions of orthodontic treatment, but only verifies eligibility through the SAR system.
- n. The retention phase of a course of orthodontic treatment can begin immediately following the active treatment phase without submitting a TAR to Delta Dental as long as the client remains CCS eligible.
- o. Clients who require preventive or restorative dental services after being authorized for CCS orthodontics should be referred by county CCS programs and State Regional Offices to a Denti-Cal provider. A dental SAR must be submitted to CCS identifying the need for specific services. CCS/HF clients have the option of choosing their HF plan dental provider, if that provider is also a Denti-Cal provider.

- p. CCS-only and CCS/HF clients whose orthodontic services were authorized by Denti-Cal and who become Medi-Cal eligible during the course of orthodontic treatment will have their orthodontic services completed and paid for by Medi-Cal.
- q. Medi-Cal clients who are receiving orthodontic services and lose their Medi-Cal eligibility may have their orthodontic services completed and paid for by CCS as long as they meet CCS program financial and residential eligibility requirements. County CCS programs will issue a SAR service authorization to cover these services.
- r. Orthognathic surgery requests:
 - i). Dental oral and maxillofacial surgeons requesting orthognathic surgery for children receiving orthodontic services through the CCS program will send a SAR to the CCS county or State Regional Office. Upon receipt of the SAR service authorization, the oral and maxillofacial surgeon will send a TAR to Denti-Cal with documentation (including cephalometric film) indicating medical necessity. Authorization will be through the Denti-Cal TAR process. A referral to a craniofacial center for a second opinion is not required because Denti-Cal will evaluate for medical necessity. CCS should issue a SAR service authorization to the facility where the surgery will be performed. Another SAR service authorization for the anesthesiologist may also be necessary.
 - ii). Physician surgeons requesting orthognathic surgery for children receiving orthodontic services through the CCS program should send a SAR to the CCS program for authorization of services. These children shall be referred to a craniofacial center for a second opinion if they are not currently managed by a craniofacial center. Upon confirmation of medical necessity, the CCS program should issue a SAR service authorization number for the surgeon and one for the facility at which the surgery will be done. The anesthesiologist can use the surgeon's SAR number for billing purposes.

- iii). Oral surgeons who are both a DDS and MD and who are enrolled as both Medi-Cal and Denti-Cal providers must advise CCS which billing process they will use.

4. Services Beyond The Scope of Denti-Cal Benefits For Clients Who Are Not Eligible For Medi-Cal

a. Orthodontics:

- i). In certain circumstances an orthodontic condition may exist that appears to be medically handicapping, but does not meet the 26 points or "automatic qualifying condition". In such instances a SAR may be submitted by a Denti-Cal certified orthodontist directly to the CCS county or State Regional Office requesting orthodontics. Such requests are to be indicated on the Dental/Orthodontic SAR with an explanation in the "Comments box" (box 33) or attached with supporting documentation.
- ii). These requests are to be forwarded by the county or State Regional Office to the State CMS Orthodontic Consultant for review. They will be approved only when fully documented and determined to be medically necessary. Submit such requests to Dr. Robert Jacob by phone (858) 268-1006 or by fax (858) 268-5097, or mail to:

Robert Jacob, D.D.S.
CMS Orthodontic Consultant
7327 Clairemont Mesa Boulevard
San Diego, CA 92111

b. Dental Implants/Most Fixed Bridges/Other Dental Services:

- i). In unusual and limited circumstances, CCS authorizes certain medically necessary services that are beyond the scope of the standard Denti-Cal benefits package such as dental implants and fixed bridges, for CCS-only and CCS/HF clients.

- ii). Providers must submit a Dental SAR (DHS 4516) to the CCS county or State regional office indicating the medical necessity of these services in the "Comments box" (box 33) or as an attachment.
- iii). These requests and documentation are to be forwarded by the county CCS program or State Regional Office to the State CMS Dental Hygienist Consultant for review and consultation. Submit all such non-orthodontic requests to Gayle Duke by phone (858) 613-9446 or by fax (858) 674-4442, or mail to:

Gayle Duke, R.D.H., M.S.
CMS Dental Hygienist Consultant
11835 Carmel Mountain Road, Suite 1304-171
San Diego, CA 92128

The State program may request additional documentation to support the medical necessity determination for these services. The State Consultant will also price the service(s).

- iv). After approval by the State Consultant, the CCS county or State Regional Office will issue a SAR service authorization for Denti-Cal procedure code 998 (unlisted therapeutic service) with the price provided by the State consultant in the comments box of the SAR service authorization. The "Comments box" (box 33) should also include instructions to providers that indicate that when they bill for services provided pursuant to such authorization they should attach a copy of the SAR to the claim when it is submitted to Denti-Cal. Denti-Cal will utilize the price provided by the State consultant to determine the amount of the provider's reimbursement.

B. CCS Clients With Full Scope, No Share of Cost Medi-Cal (Including Clients Requiring Orthodontics, Orthognathic Surgery or Those With Cleft Palate or Craniofacial Anomalies)

- 1. Effective for dates of service after June 30, 2004, dental providers are to submit all dental Treatment Authorization Requests (TARs) (if required), claims, and any necessary documentation directly to Denti-Cal.

2. Effective July 1, 2004, dental providers will no longer submit authorization requests or claims to CCS county or State regional offices for CCS children with full scope, no Share of Cost (SOC) Medi-Cal.
3. Dental providers requesting EPSDT Supplemental Services (see Denti-Cal Manual) must submit a TAR and documentation to support the request directly to Denti-Cal.
4. Orthognathic surgery requests:
 - a. Dental oral and maxillofacial surgeons requesting orthognathic surgery must send a TAR with necessary documentation (including cephalometric film) directly to Denti-Cal. CCS is responsible for the authorization of medical services performed in support of the surgery and should separately issue a SAR number to the facility at which the surgery will be done and for any other required medical services including anesthesiology. Claims for these latter services will be sent directly to EDS by the facility.
 - b. Physician surgeons requesting orthognathic surgery for CCS children should send a SAR to the CCS program for authorization of medical services. These children shall be sent to a craniofacial center for a second opinion, if they are not currently managed by a Craniofacial center. Upon determination of medical necessity, the CCS program should issue a SAR number for the surgeon and one for the facility at which the surgery will be done. The physician and the facility will each send claims directly to EDS for these services.
5. County CCS programs or State Regional Offices will not receive copies of TARS or denials of services issued by Denti-Cal for children with full scope, no share of cost Medi-Cal. Case management for these clients must be coordinated directly with the family or dental provider.

C. Participation of Dentists, Oral and Maxillofacial Surgeons, and Orthodontists in CCS Special Care Center (SCC) Teams

Dentists, Oral and Maxillofacial Surgeons, and Orthodontists participate in CCS cleft palate and craniofacial SCCs. Generally all participants in a SCC team bill for services provided to CCS clients pursuant to the SCC authorization (Medical SCG 02) issued to the SCC. Dentists (including oral

and maxillofacial surgeons) and orthodontist members of the SCC team are covered by the SCC authorization. However, they cannot bill Denti-Cal for SCC services. Claims for these services will continue to be submitted to EDS on a HCFA 1500 using a CGP provider number. CCS will no longer panel such providers. An authorization to a craniofacial or cleft palate SCC should include information in the "remarks" box that advises how dentists and orthodontists should bill for SCC services. CCS program recommended language for the remarks box is "Claims for these services will continue to be submitted to EDS on a HCFA 1500 with a CGP provider number". Authorization of SCC recommended dental services must be sent through the appropriate Denti-Cal TAR (for Medi-Cal) or CCS SAR (for CCS-only or CCS/HF clients) process.

D. Authorizations and Claiming for Dental Services Provided in an Hospital on an Inpatient or Outpatient Basis or in an Outpatient Surgical Center

1. Denti-Cal does not authorize these services.
2. CCS clients with full scope, no share of cost Medi-Cal are eligible for dental services through the Denti-Cal program:
 - a. Dental providers requesting dental procedures to be performed in a CCS-approved hospital, outpatient center, or surgicenter for clients with full scope Medi-Cal should send a TAR directly to Denti-Cal when prior authorization of dental services is required. Claims are to be sent by the provider directly to Denti-Cal.
 - b. An Established Client SAR (DHS 4509) (Enclosure 5) for the hospital or facility is to be submitted to CCS and a SAR service authorization will be issued by the county CCS program or State regional office. Claims are to be submitted by the facility directly to EDS.
3. CCS-only or CCS/HF Clients:
 - a. Dental providers requesting dental procedures to be performed in a hospital, outpatient facility, or surgicenter for clients with CCS-only or CCS/HF clients should send a Dental SAR (DHS 4516) to the county CCS program or State regional office. CCS will issue a SAR service authorization and the provider is to send a TAR to

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Denti-Cal if prior authorization is required. Claims are to be sent by the provider directly to Denti-Cal.

- b. An established client SAR for the hospital or facility will be issued at the same time as the SAR for the dental provider. Claims will be sent directly to EDS by the facility.

If you have any questions, please contact your CCS administrative or nursing consultant at the CMS Branch Regional Office.

Original signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

CCS-only and CCS/HF Service Code Groupings (SCG)

An approved SAR will list the SCGs and/or the individual procedure code(s) based on the provider's requested treatment plan and the beneficiary's medical condition. These 18 SCGs are grouped by treatment plans and procedure codes to assist the CCS county program or CCS State Regional Office in authorizing services based on the beneficiary's CCS-eligible medical condition. **Providers are to request a SAR for one or more of the SCGs when requesting an authorization from the CCS county program. If the procedure code is not listed in the SCG(s), the provider may request authorization for an individual procedure code from the Denti-Cal Provider Manual.**

Note: A CCS SAR with a SCG or individual procedure code is only an authorization for the scope of benefits. All Denti-Cal policies, procedures, and requirements will apply to services authorized by a CCS SAR. Providers must refer to the Denti-Cal Provider Manual prior to treating a CCS-only and CCS/HF beneficiary.

SCG 01 – Preventive Dental Services

010, 015, 041, 042, 043, 044, 045, 046, 049, 050, 061, 062, 110, 111, 112, 116, 117, 125

SCG 02 – Orthodontic Services for Medically Handicapping Malocclusion

112, 119, 120, 125, 551, 552, 554, 556, 557, 558, 599, 956, 957

SCG 03 – Primary Dentition for Cleft Palate and/or Cleft Lip Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 560, 562, 564, 599, 956, 957

SCG 04 – Mixed Dentition for Cleft Palate and/or Cleft Lip Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 560, 570, 572, 599, 956, 957

SCG 05 – Permanent Dentition for Cleft Palate and/or Cleft Lip Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 560, 580, 582, 599, 956, 957

SCG 06 – Primary Dentition for Facial Growth Management Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 590, 591, 592, 593, 594, 599, 956, 957

SCG 07 – Mixed Dentition for Facial Growth Management Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 590, 592, 594, 595, 597, 599, 956, 957

SCG 08 – Permanent Dentition for Facial Growth Management Orthodontic Services

112, 119, 120, 125, 551, 556, 558, 590, 592, 594, 596, 598, 599, 956, 957

SCG 09 – Oral Surgery Services

200, 201, 202, 203, 204, 230, 231, 232, 300, 301, 400, 706, 716, 800, 811, 812

SCG 10 – Periodontic Services

301, 400, 451, 452, 472, 473, 474

SCG 11 – Endodontic Services

301, 400, 511, 512, 513, 530, 531, 534

SCG 12 – Restorative Services

301, 400, 501, 502, 503, 600, 601, 602, 603, 611, 612, 613, 614, 645, 646, 648, 670, 671

SCG 13 – Laboratory Crown Services

301, 400, 650, 651, 652, 653, 660, 663

SCG 14 – Fixed Prosthetic Services

301, 400, 680, 681, 682, 692, 693

SCG 15 – Prosthetic Services for Complete Dentures

700, 701

SCG 16 – Prosthetic Services for Partial Dentures

702, 703, 704, 708, 709, 712

SCG 17 – Prosthetic Services for Stayplates

706, 716

SCG 18 – Dental Services under General Anesthesia

010, 015, 035, 041, 042, 043, 044, 045, 046, 049, 050, 061, 062, 110, 111, 112, 116, 117, 125, 200, 201, 202, 203, 204, 230, 231, 232, 400, 451, 452, 472, 473, 474, 501, 502, 511, 512, 513, 530, 531, 600, 601, 602, 603, 611, 612, 613, 614, 645, 646, 648, 670, 671, 800, 811, 812, 998

CCS DENTAL AND ORTHODONTIC CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

Provider Information					
1. Date of request	2. Provider name			3. Denti-Cal provider number	
4. Address (number, street)		City		State	ZIP code
5. Contact person		6. Contact telephone number ()		7. Contact fax number ()	
Client Information					
8. Client name—last		first	middle		
9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		10. Date of birth (mm/dd/yy)	11. CCS case number	12. Contact phone number ()	
13. Residence address (number, street) (DO NOT USE P.O. BOX)			City	State	ZIP code
14. Mailing address (if different) (number, street, P.O. box number)			City	State	ZIP code
15. County of residence		16. Language spoken		17. Name of parent/legal guardian	
18. Mother's first name		19. Primary care physician (if known)		20. Primary care physician telephone number ()	
Insurance Information					
21. a. Enrolled in Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send TAR directly to Denti-Cal				21. b. If no, Client Index Number (CIN)	
22. Enrolled in Healthy Families? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of plan			
23. Enrolled in commercial dental insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of plan			
Requested Services					
24. Service Authorization Request for (check one) <input type="checkbox"/> a. CCS established client <input type="checkbox"/> b. CCS orthodontics					
25.	26.	27.	28.	29.	30.
Tooth Number or Letter Arch	Surfaces	Description of Service (Including X-rays, prophylaxis, etc.)	Quantity	Procedure Number	Fee
31. Is this a CCS supplemental services request <input type="checkbox"/> Yes <input type="checkbox"/> No		32. Other documentation attached <input type="checkbox"/> Yes			
33. Comments					

This is to certify that to the best of my knowledge, the information contained above and any attachments provided is true, accurate, and complete and the requested services are necessary to the health of the patient. The provider has read, understands, and agrees to be bound by and comply with the statements and conditions contained on page two of this form.

34. Signature of dental provider or authorized designee	35. Date
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Instructions

1. Date of the request: Date the request is being made.

Provider Information

2. Provider's name: Enter the name of the provider who is requesting services.
3. Denti-Cal provider number: Enter Denti-Cal billing number (no group numbers).
4. Address: Enter the requesting provider's address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider's office or contact person.

Client Information

8. Client name: Enter the client's name—last, first, and middle.
9. Gender: Check the appropriate box.
10. Date of birth: Enter the client's date of birth.
11. CCS case number: Enter the client's CCS number. If not known, leave blank.
12. Contact phone number: Enter the phone number where the client or client's legal guardian can be reached.
13. Residence address: Enter the address of the client. Do not use a P.O. Box number.
14. Mailing address: Enter the mailing address if it is different than number 13.
15. County of residence: Enter residential county of the client.
16. Language spoken: Enter the client's language spoken.
17. Name of parent/legal guardian: Enter the name of client's parent/legal guardian.
18. Mother's first name: Enter the client's mother's first name.
19. Primary care physician: Enter the client's primary care physician's name. If it is not known, enter NK (not known).
20. Primary care physician telephone number: Enter the client's primary care physician phone number.

Insurance Information

21. a. Enrolled in Medi-Cal? Mark the appropriate box. If the answer is yes, do not send this SAR to CCS, send a TAR directly to Denti-Cal.
b. If the answer is no, enter the Client Index Number (CIN).
22. Enrolled in Healthy Families? Mark the appropriate box. If the answer is yes, enter the name of the plan.
23. Enrolled in a commercial dental insurance plan? Mark the appropriate box. If the answer is yes, enter the name of the commercial dental insurance plan.

Requested Services

24. a. CCS established client: Check if requesting approval for an established CCS client.
b. CCS Orthodontics: Check if requesting approval for orthodontic services.
25. Tooth number or letter; arch; quadrant: Enter the universal tooth code numbers 1 thru 32 or letters A thru T for tooth reference. Use arch codes U (upper), L (lower). Use quadrant codes UR (upper right), UL (upper left), LR (lower right), and LL (lower left).
26. Tooth surfaces: Use M (mesial), D (distal), O (occlusal), I (incisal), L (lingual or palatal), B (buccal), and F (facial).
27. Description of service: Furnish a brief description for each service. Standard abbreviations are acceptable.
28. Quantity: For the procedures having multiple occurrences, indicate the number of occurrences of the procedure, e.g., multiple radiographs (procedure 111), units for prosthetic procedures (procedure 716), or number of pins (procedure 648).
29. Procedure numbers: Use a Denti-Cal three-digit, state-approved four-digit, or state-approved five-digit code for each service. NOTE: Do not mix different types of codes when completing a claim or TAR form.
30. Fee: Enter your usual and customary fee for the procedure rather than the Denti-Cal Schedule of Maximum Allowances fee.
31. Check yes or no box if this is a CCS Supplemental Services Request.
32. Check the box if there is other documentation attached.
33. Comments. Enter any additional comments.

Signature

34. Signature of dental provider: Form must be signed by the dentist, orthodontist, or authorized representative.
35. Date: Enter the date the request is signed.

PROGRAM POLICY

Prior Authorization Prior authorization is not usually required for most Denti-Cal benefits. The following is a list of Denti-Cal procedures that require prior authorization:

Code	Procedure
035	Hospital Care (non-emergency)
049-050	Prophylaxis - if more than once in a six month period
061-062	Prophylaxis including topical application of fluoride if more than once in a six month period
301	Conscious sedation if over 13 years with handicap
450-499	All periodontal services except 451 (emergency), 453, 472 and 473
511-513	Root canal therapy
530, 531	
551-598	Orthodontia
600-648	Restorative for patients in hospitals, convalescent homes and nursing homes
650-663	Crowns
680-682	Fixed Bridge Pontics
692-693	
700-716	Removable Prosthodontics
722-724	
750-763	Denture repair if more than 2 in 12 months
950-998	Maxillofacial services
999	Non-emergency unlisted procedures

Dental services provided to patients in hospitals, skilled nursing facilities and intermediate care facilities are covered under the Medi-Cal Dental Program only following prior authorization of each non-emergency and non-diagnostic dental service (Section 51307(f)(3), Title 22, California Code of Regulations). Emergency services may be performed on convalescent patients without prior authorization for the alleviation of pain or treatment of an acute dental condition. However, the provider must submit clinical information with the claim describing the patient's condition and

the reason the emergency services were necessary.

The California Medi-Cal Dental Program (Denti-Cal) within the State Department of Health Services, and Title 22, California Code of Regulations (CCR), Section 51455, state that prior authorization may be required of any or all providers for any or all covered benefits of the program except those services specifically exempted by Section 51056, (a) and (b). These prior authorization requirements do not change when the patient has other coverage; you should submit for prior authorization and indicate the primary carrier. **No verbal authorization will be granted by Denti-Cal. Denti-Cal reserves the right to require prior authorization in accordance with these guidelines.**

Special Prior Authorization Review

As part of our on-going Quality Review and Evaluation program, Denti-Cal may require selected providers to obtain prior authorization for some or all services, except those exempted by Title 22. The providers may be selected at random or on any other reasonable basis. Written notification will be sent to the selected providers at least 30 days in advance of the prior authorization requirement. The prior authorization requirement may be waived in selected cases where the existing medical condition of the patient makes it impossible to obtain adequate preoperative diagnosis, clinically and/or radiographically. A statement of the medical condition that prevents a complete preoperative examination, and the need for dental treatment, must be submitted with the Treatment Authorization Request (TAR). Denti-Cal reserves the right of approval in these cases and may request additional information to substantiate the TAR.

HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX SCORESHEET

(You will need this Scoresheet and a Boley Gauge or a disposable ruler.)

Provider

Patient

Name: _____ Name: _____

Number: _____ SSAN: _____

Procedure

- Position the patient's teeth in centric occlusion.
- Record all measurements in the order given and round off to the nearest millimeter (mm).
- ENTER SCORE "0" IF CONDITION IS ABSENT.
- If anterior crowding and an ectopic eruption are present in the anterior portion of the mouth, score only the most severe condition.
- The use of a recorder (hygienist, assistant) is recommended.

Conditions (#1 - 4 AND 5A ARE AUTOMATIC QUALIFYING CONDITIONS FOR AUTHORIZATION OF STUDY MODELS.)

HLD Score

1. Cleft palate deformities
(Indicate an "X" if present and score no further). _____
2. Deep impinging overbite **WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE**
(Indicate an "X" if present and score no further). _____
3. Crossbite of individual anterior teeth **WHEN DESTRUCTION OF SOFT TISSUE IS PRESENT**
(Indicate an "X" if present and score no further). _____
4. Severe traumatic deviations. (Attach description of condition. For example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology.)
(Indicate an "X" if present and score no further). _____
- 5A. Overjet greater than 9mm with incompetent lips or reverse overjet greater than 3.5mm
with reported masticatory and speech difficulties.
(Indicate an "X" if present and score no further). _____
- 5B. Overjet in mm. _____
6. Overbite in mm. _____
7. Mandibular protrusion in mm. _____ x 5 = _____
8. Open bite in mm. _____ x 4 = _____

IF BOTH ANTERIOR CROWDING AND ECTOPIC ERUPTION ARE PRESENT IN THE ANTERIOR PORTION OF THE MOUTH, SCORE ONLY THE MOST SEVERE CONDITION. DO NOT SCORE BOTH CONDITIONS.

9. Ectopic eruption (Count each tooth, excluding third molars). _____ x 3 = _____
10. Anterior crowding (Score one point for MAXILLA and/or one point for MANDIBLE; two points maximum for anterior crowding). _____ x 5 = _____
11. Labio-Lingual spread in mm. _____
12. Posterior unilateral crossbite (must involve two or more adjacent teeth, one of which must be a molar). _____ Score 4

TOTAL SCORE: _____

NOTE: A SCORE OF 26 OR MORE QUALIFIES FOR AUTHORIZATION OF STUDY MODELS

IF A BENEFICIARY DOES NOT SCORE 26 OR ABOVE NOR MEETS ONE OF THE FIVE AUTOMATIC QUALIFYING CONDITIONS, HE/SHE MAY BE ELIGIBLE UNDER THE EPSDT EXCEPTION, IF MEDICAL NECESSITY IS DOCUMENTED.

☐ **EPSDT EXCEPTION:** (Indicate with an "X" and attach medical evidence and appropriate documentation for each of the following eight areas in addition to completing the "CONDITIONS SECTION.")

- a) Principal diagnosis and significant associated diagnosis; and
- b) Prognosis; and
- c) Date of onset of the illness or condition and etiology if known; and
- d) Clinical significance or functional impairment caused by the illness or condition; and
- e) Specific types of services to be rendered by each discipline associated with the total treatment plan; and
- f) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals; and
- g) The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care; and
- h) Any other documentation which may assist the Department in making the required determinations.

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HANDICAPPING LABIO-LINGUAL DEVIATION INDEX SCORING INSTRUCTIONS

The intent of the HLD Index is to measure the presence or absence, and the degree, of the handicap caused by the components of the Index, and not to diagnose "malocclusion." All measurements are made with a Boley Gauge (or a disposable ruler) scaled in millimeters. Absence of any conditions must be recorded by entering "0." (Refer to the attached scoresheet).

The following information should help clarify the categories on the HLD Index:

1. **Cleft Palate Deformities:** Indicate an "X" on the scoresheet. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
2. **Deep Impinging Overbite:** Indicate an "X" on the scoresheet when lower incisors are destroying the soft tissue of the palate. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
3. **Crossbite of Individual Anterior Teeth:** Indicate an "X" on the scoresheet when destruction of soft tissue is present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
4. **Severe Traumatic Deviations:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Indicate with an "X" on the scoresheet and attach documentation and description of condition. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
5. **Overjet in Millimeters:** This is recorded with the patient's teeth in centric occlusion and measured from the labial portion of the lower incisors to the labial of the upper incisors. The measurement may apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the scoresheet. If the overjet is greater than 9mm with incompetent lips or the reverse overjet is greater than 3.5mm with reported masticatory and speech difficulties, indicate an "X" and score no further. If the reverse overjet is not greater than 3.5mm, score under #7.
6. **Overbite in Millimeters:** A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the scoresheet. "Reverse" overbite may exist in certain conditions and should be measured and recorded.
7. **Mandibular Protrusion in Millimeters:** Score exactly as measured from the labial of the lower incisor to the labial of the upper incisor. The measurement in millimeters is entered on the scoresheet and multiplied by five (5). A reverse overbite, if present, should be shown under "overbite."
8. **Open Bite in Millimeters:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from edge to edge, in millimeters. The measurement is entered on the scoresheet and multiplied by four (4). In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.
9. **Ectopic Eruption:** Count each tooth, excluding third molars. Enter the number of teeth on the scoresheet and multiply by three (3). If condition No. 10, anterior crowding, is also present with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. **DO NOT SCORE BOTH CONDITIONS.**
10. **Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter five (5) points each for maxillary and mandibular anterior crowding. If condition No. 9, ectopic eruption, is also present in the anterior portion of the mouth, score the most severe condition. **DO NOT SCORE BOTH CONDITIONS.**
11. **Labio-Lingual Spread:** A Boley Gauge (or disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured. The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the index.
12. **Posterior Unilateral Crossbite:** This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the scoresheet.

Provider Information							
1. Date of request		2. Provider name			3. Provider number		
4. Address (number, street)		City			State	ZIP code	
5. Contact person			6. Contact telephone number ()		7. Contact fax number ()		
Client Information							
8. Client name—last		First			Middle		
9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		10. Date of birth (mm/dd/yyyy)			11. CCS/GHPP case number		
12. Client index number (CIN)			13. Client's Medi-Cal number				
Diagnosis							
14. Diagnosis (DX)/ICD-9: _____ DX/ICD-9: _____ DX/ICD-9: _____							
15. Service Authorization Request for (<i>Check one</i>) <input type="checkbox"/> a. CCS/GHPP New SAR <input type="checkbox"/> b. Authorization extension (If checked, enter authorization number: _____)							
Requested Services							
16.* CPT-4/ HCPCS Code/NDC	17. Specific Description of Service/Procedure		18. From (mm/dd/yy)	To (mm/dd/yy)	19. Frequency/ Duration	20. Units	21. Quantity (Pharmacy Only)
* A specific procedure code/NDC is required in column 16 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.							
22. Other documentation attached <input type="checkbox"/> Yes		23. Enter facility name (where requested services will be performed, if other than office).					
Additional Services Requested from Other Health Care Providers							
30. Provider's name			Provider number		Telephone number ()		Contact person
Address (number, street)			City		State		ZIP code
Description of services				Procedure code		Units	Quantity
Additional information							
31. Provider's name			Provider number		Telephone number ()		Contact person
Address (number, street)			City		State		ZIP code
Description of services				Procedure code		Units	Quantity
Additional information							
32. Signature of physician/provider or authorized designee						33. Date	

INSTRUCTIONS

1. Date of the request: Date the request is being made.

Provider Information

2. Provider's name: Enter the name of the provider who is requesting services.
3. Provider number: Enter billing number (no group numbers).
4. Address: Enter the requesting provider's address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider's office or contact person.

Client Information

8. Client name: Enter the client's name—last, first, and middle.
9. Gender: Check the appropriate box.
10. Date of birth: Enter the client's date of birth.
11. CCS/GHPP case number: Enter the client's CCS/GHPP number. If not known, leave blank.
12. Client index number (CIN): Enter the client's CIN number. If not known, leave blank.
13. Client's Medi-Cal number: Enter the client's Medi-Cal number. If number is not known, leave blank.

Diagnosis

14. Diagnosis and/or ICD-9: Enter the diagnosis or ICD-9 code, if known, relating to the requested services.

Requested Services

15. a. CCS/GHPP New SAR: Check if requesting a new authorization for an established CCS/GHPP client.
b. Authorization extension: Check if requesting an extension of an authorized request. Please enter the authorization number on the line.
16. CPT-4/HCPCS code/NDC: Enter the requested CPT-4, HCPCS code, or NDC code. This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. Also not required for inpatient hospital stay requests.
17. Specific description of procedure/service: Enter the specific description of the procedure/service being requested.
18. From and to dates: Enter the date you would like the services to begin. Enter the date you would like the services to end. These dates are not necessarily the dates that will be authorized.
19. Frequency/duration: Enter the frequency or duration of the procedures/services being requested.
20. Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
21. Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
22. Other documentation attached: Check this box if attaching additional documentation.
23. Enter facility name: Complete this field with the name of the facility where you would like to perform the surgery you are requesting.

Inpatient Hospital Services

24. Begin date: Enter the date the requested inpatient stay will begin.
25. End date: Enter the date the requested inpatient stay will end.
26. Number of days: Enter the number of days for the requested inpatient stay.
27. Extension begin date: Enter the date the requested extension of authorized inpatient stay will begin.
28. Extension end date: Enter the date the requested extended stay will end.
29. Number of extension days: Enter number of days for the requested extension inpatient stay.

Additional Services Requested from Other Health Care Providers

30. and 31. Provider's name: Enter name of the provider you are referring services to.
Provider number: Enter the provider's provider number.
Telephone: Enter provider's telephone number.
Contact person: Enter the name of the person who can be contacted regarding the request.
Address: Enter address of the provider.
Description of services: Enter description of referred services.
Procedure code: Enter the procedure code for requested service other than ongoing physician services.
Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
Additional information: Include any written instructions/details here.

Signature

32. Signature of physician or provider: Form must be signed by the physician, pharmacist, or authorized representative.
33. Date: Enter the date the request is signed.